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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

First Inventor

Title

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit as original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 9]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 1]
5. Oath or Declaration [Total Pages]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - c. ☐ DELETION OF INVENTOR(S)
Signed statement attached detailing inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☐ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: UNRECORDED ELEMENTS

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No.

Prior application information:

Examiner

Group Art Unit

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

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or ☐ Correspondence address below

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THOMAS AGAPIADES

Registration No. (Attorney/Agent)

Signature

Date

02-19-04

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FEE TRANSMITTAL

for FY 2002

Patent fees are subject to annual revision.

Important claims: small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)	Complete If Known Application Number Filing Date First Named Inventor THOMAS AGAPIADES Examiner Name Group Art Unit Attorney/Doctel No.
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<h3>METHOD OF PAYMENT (check all that apply)</h3> <p> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p> <input type="checkbox"/> Deposit Account Deposit Account Number Deposit Account Name </p> <p>The Commissioner is authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee in the above identified deposit account </p> <h3>FEE CALCULATION</h3> <h4>1. BASIC FILING FEE</h4> <table border="1" style="width: 100%;"> <thead> <tr> <th>Large Entity / Fee Code (\$)</th> <th>Small Entity / Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101 740</td> <td>201 370</td> <td>Utility filing fee</td> <td>385</td> </tr> <tr> <td>108 530</td> <td>208 166</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107 510</td> <td>207 255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108 740</td> <td>208 370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114 180</td> <td>214 80</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (1) (\$)</p> <h4>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</h4> <table border="1" style="width: 100%;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from Table</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>-20** =</td> <td>X</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td>-3** =</td> <td>X</td> <td></td> </tr> </tbody> </table> <table border="1" style="width: 100%;"> <thead> <tr> <th>Large Entity / Fee Code (\$)</th> <th>Small Entity / Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>103 18</td> <td>203 9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102 84</td> <td>202 42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104 280</td> <td>204 140</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>109 84</td> <td>209 42</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>110 18</td> <td>210 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (2) (\$) 385</p> <p><small>**or number previously paid, if greater. 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AUTHORIZED BY Name (Print/Type) THOMAS AGAPIADES Signature <i>[Signature]</i>	Registration No. (Attorney/Agent)	Telephone 530-218-4020 Date 02-19-04	Complete If Applicable
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